SCAN! Please forward case and paper to address shown below.

	- /				Paper No.:
DATE	: <u> </u>	80			
TO SPE OF	: ART UNIT	Z Ah,	n, SAM		
SUBJECT	: Request for Certificate	of Correction f	or Appl. No.: <u>C</u>	9/445298 Pate	nt No.: 6975
Please res	oond to this request t	or a certifica	ate of correcti	on within 7 days.	
Please revi	ew the requested che Please complete thi	anges/corre s form (see	ctions as sho below) and fo	wn in the attached orward it with the fil	certificate of e to:
Cert	ificates of Correction	on Branch (CofC)		
	th Tower - 9A22		,		
Paln	1 Location 7580				
ı	÷				
			•		•
		٠.		HENRY RANDAL Certificates of C	LL orrection Branch
			. •	703-308-9390	
			•	703-300-3330	ext
Thank You	For Your Assistan	се ————	•		
	st for issuing the abon on the appropriate box.	ove-identif	ied correctio	on(s) is hereby:	
, C	l Approved		All chang	es apply.	
) Annroyad in Dart	•	Specify b	elow which changes	do not apply.
	Approved in Part	•	•	,	•
			State the	reasons for denial b	elow.
] Denied		State the	reasons for denial b	elow.
] Denied		State the	reasons for denial b	elow.
] Denied		State the	reasons for denial b	elow.
] Denied		State the	reasons for denial b	elow.
] Denied		State the	reasons for denial b	elow.
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] Denied		State the	reasons for denial b	elow.